

**MULTIPLE DEPENDENT CLAIM
FEE SCHEDULE SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL **10/522601** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.	←		10	←		←
TOTAL CLAIMS			15			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL IND.		↓		↓		↓
TOTAL DEP.	←			←		←
TOTAL CLAIMS						